

## CLAIMS ONLY

Application Number

10/708,419

**" Filing " Date**

Applicant(s)

09/16/05

AS FILED

AS FILE  
A-16705

**AFTER FIRST  
AMENDMENT**

AFTER SECOND  
AMENDMENT

\* May be used for additional claims or amendments

CLAIMS			AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	*		*		*	
1							51					
2							52					
3							53					
4							54					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend	14						Total Depend					
Total Claims	22						Total Claims					